

Spalding University
Meeting The Needs of Adoptive Families

Jill S. Morris
Social Work Research
April 25, 2005

Introduction

Disruption and dissolution are problems that face many adoptive families in the United States. Kentucky's Cabinet for Health and Family Services (CHFS 2004) defines adoption disruption as: "The discontinuance of a child's placement after signing of adoption placement agreement with a prospective adoptive family and prior to the finalization/legalization of the adoption" (p. 2). Although they are similar, the reader must be careful not to confuse disruption with dissolution. CHFS (2004) defines the latter as "the discontinuance of an adoption at any point in time after adoption has been finalized/legalized" (p. 2). The following research addresses both conditions, because they both result in preventing a permanent placement for children awaiting adoption.

Disruption/dissolution is difficult for both the adoptive family and child. Children available for adoption cope with attachment difficulties, depression, anxiety, multiple placements, and sense of loss resulting from the termination of (birth) parental rights (Foli & Thompson, 2004). When an adoptive home does not work out, other issues arise such as feelings of rejection or failure to meet the adoptive parents' expectations. Describing the effects of disruption for adoptive parents Foli and Thompson (2004) state: "The grief and loss is horrendous, and they feel they aren't good parents or something is wrong with them. The shattered dream is just horrible" (p. 176).

Parents are not the only family members who must adjust to the adoptive child. Birth and previously adopted children experience "less attention; less privacy; less one-on-one time with parents; less space, especially if they will be sharing a room for the first time; less peace and quiet; their place in the birth order; and the way their family used to be" (Mullin & Johnson, 1999, p. 584). When families cannot attend to the complex medical, emotional, developmental and behavioral needs of their new children the stability of the adoption is jeopardized. If

services are not offered to assist families in satisfying these essential demands before a family crisis the condition may escalate (Kramer & Houston, 1999). In other words, the entire family will need to be supported to adjust to the family composition.

DCBS workers have expressed their concerns, in formal interviews, that not only are adoptive parents lacking in resources, but some hesitate to ask for help. Parents who hesitate to call usually wait until it is too late. At this point, families who are in dire need of help have already decided to disrupt the placement. The agency team realizes that adoptive families are in need of additional resources, other than the ones currently provided. It is also their desire to discover how to provide services to hesitant families before disruption occurs.

The research question addressed in this study was provided by CHFS's, Department of Community Based Services (DCBS), adoption team. Results from the question, "What resources do families, with open adoption subsidy cases, need, but are not receiving" are expected to provide information regarding the specific needs of families, and identify barriers to receiving these resources.

Literature Review

Parents of children with emotional and behavioral disorders (EBD) described 16 barriers, ranked mild to major, to effective service delivery for their children (Soderlund, Epstein, Quinn, Cumblad, & Petersen, 1995). Inconveniently located services were ranked as the only major barrier (Soderlund et al., 1995). Six moderate barriers included "cost of services is too high, parents and children do not have information about community services, lack of central place to find information about services, agency will provide only certain types of services because of agency roles, lack of evening and weekend hours, and long waiting periods" (Soderlund et al., 1995, p. 164). The seven mild barriers to effective service delivery were "lack of ability to use

funds in a creative manner, services do not address family needs, agency staff do not have information about community services and resources, services for my child are not available locally, lack of qualified staff, the number of forms to fill out, and lack of transportation to services” (Soderlund et al., 1995, p. 164).

A survey of 40 pre-adoptive parents, conducted by Kramer and Houston (1998) reveals that parents often turn to outside sources of help to have their needs met. The following results represent the percentage of parents who used the formal agency (adoption agency) to assist in specific problem areas: health and medical 22.65%, behavior at home 24.95%, child development and education 14.79%, birth family and history 29.06%, service concerns 57.33 %, and acceptance from community 13.04% (Kramer & Houston, 1998, p. 427.). Service concerns are defined as problems in “accessing services from the agency and from other formal service providers such as health clinics, counseling centers, and schools” (Kramer & Houston, 1998). Not all disruptions/dissolutions are caused by unfulfilled needs. Disruption/dissolution can also be the result of family mismatch and child characteristics such as number of placements, time in foster care, and prior adoption disruption (McDonald, Propp, & Murphy, 2001).

Erik Erikson developed a framework of psychosocial development that may add to an understanding of the difficulties in maintaining a stable placement. The first five stages address the development of children from 0-18 years. These stages: 1) basic trust vs. mistrust, 2) autonomy vs. shame/doubt, 3) initiative vs. guilt, 4) industry vs. inferiority, and 5) identity vs. role confusion help us understand the struggles of childhood (Zastrow & Kirst-Ashman, 2001). The occurrence of disruption/dissolution may decrease if adoptive parents are assisted through these transitions in their children’s lives. However, one limitation to developmental models is that many children advance through the stages at different rates. This is especially true if difficulties arise during certain points in life. “The degree to which crises in earlier stages are

resolved will affect a person's ability to resolve crises in later stages" (Zastrow & Kirst-Ashman, 2001, p.278). Adoptive parents are required to aid children in accepting and overcoming these hardships. By doing so, children will be able to grow and develop into stable adults who have a hope for the future. The difficulties that hinder a child's development are often too advanced for families to handle. Therefore, the agency must assist the adoptive family in as many ways as possible.

With the introduction of the Adoptions and Safe Families Act of 1997 some professionals expected an increase of disruptions (Freundlich & Wright, 2003). The implementation of an adoption timeframe set forth in the act requires that children who have been in care for 15 consecutive months, out of the most recent 22 months in care, will have their parental rights (birth parents) terminated. This frees them for adoption in order to give them permanency (Freundlich & Wright, 2003).

While an increase in adoptions occurred from 1997 to 1999 (31,000 – 46,000), the change in disruption rates varies (Freundlich & Wright, 2003). "Although some research on adoption disruption rates is available, the data are limited and questions have been raised about the extent to which these data are comparable as the studies use different approaches in defining disruption and different samples and sample sizes" (Freundlich & Wright, 2003, p. 22). The rates of disruption available vary between 14% to 25% (Freundlich & Wright, 2003).

Dissolution rates are more difficult to determine. Freundlich and Wright (2003) cite several researchers whose results range from 3.3% -6.6%. The effect of ASFA has gone undetermined. Regardless of the numbers, disruption/dissolution remains a problem for individual families, and the need for supportive services is evident.

The literature search turned up little information about empowering adoptive families to seek help from their adoption agencies. The survey used in this study includes a section

requesting parents to comment and advise the adoption department in how to better promote agency services. The intent is to determine if the parents are aware of the range of services available. Information provided by the parents may be used to make services more accessible.

This research is important for several reasons. First and foremost, the researcher seeks to discover the pressing needs of adoptive families with open subsidy cases. In doing so, the information can be used to collect or create resources and make them available to families. Second, the promotion of available resources may help to stabilize and prevent disruption/dissolution. The intent is to empower families to seek help from the agency before they decide to disrupt/dissolve the placement of a child. Providing children with a sense of permanency is the third advantage to the research process. By preventing disruption/dissolution, a child can feel more confident that his/her new family will remain intact. CHFS (2004) defines permanency as “a relationship between a child and an adult which is intended to last a lifetime, providing commitment and continuity in the child’s relationships and a sense of belonging” (p. 21). Finally, the information collected in this study may be useful to other adoption CHFS units. While the study focuses on the Jefferson County adoption unit in Louisville, KY, the data gathered may be useful information to adoption workers regarding the needs of families. Therefore, the data can assist similar adoption units to improve their service provision.

Methodology

Research Design and Data Collection Procedures

This is a descriptive cross-sectional study intended to observe the needs of adoptive families, with open subsidy cases, in Jefferson County Kentucky. In this needs-based assessment data will be collected from adoptive families with open subsidy cases. This information will be used to assist DCBS adoption workers in improving their service delivery system. The process consists of a cross-sectional survey which was chosen for its short time element. (Marlow,

2005).

A research team of DCBS workers designed the survey. The team will collect and analyze the data. This team is comprised of the adoptions associate, family service office supervisor, and a social work intern. Other office staff members will be recruited to complete light office duties such as filling envelopes, mailing surveys, and data entry. The study is funded by the Cabinet of Health and Family Services and will take place between February 14, 2005 and April 30, 2005.

Two hundred adoptive families, with open adoption subsidy cases, will be selected from TWIST, the DCBS computer system. Subsidy workers for DCBS will randomly select two hundred adoptive families, from TWIST, and release their names and addresses to the research team. These families will be mailed a survey and asked to return the survey via postage paid envelopes to the DCBS Adoptions Team on or before April 12, 2005. Returning the survey will act as consent to use the family's data. The families will be asked not to provide identifying information in order for the data to remain anonymous. The anonymous process used poses minimal risk to participants. When the survey is returned, the student intern will immediately enter the data into a spreadsheet program. All surveys received on or before, April 12, 2005 will be included in the research data. Any surveys received afterwards will be shredded. The data will be stored on the CHFS, password protected, computer network. Only members of the research team will have access to the data. The paper surveys will be stored in a locked cabinet until the research report has been completed. The used surveys will be destroyed, by shredding after the completion of the research. Appendix 1 displays the cover letter that will accompany each survey.

Characteristics of the Participants

Study participants are parents, with open subsidy cases, who have adopted children in

Jefferson County. In order for data to be included in the results, participants needed to adopt their children between 1994 and 2004. Parents who meet the time frame must currently have adopted children in their home between the ages of 0 and 18 years and have an open subsidy case. Only parents who utilized DCBS adoption subsidy services will receive a survey. The Multi Ethnic Placement Act (MEPA) of 1997 prohibits states to place children in out-of-home care based on race, color, or national origin of the potential parent or child (U.S. Department of Health and Human Services, 1997). In order to maintain compliance with MEPA, the Commonwealth of Kentucky does not accumulate statistics on adoptive family demographics and does not require families to reveal their ethnic/racial background. People of diverse characteristics make up the population of DCBS foster/adopt families and are represented in the research sample.

Sampling Design

A simple random sample will be used to determine which surveys to include in the research data. Subsidy workers for DCBS will randomly select two hundred adoptive families, with open subsidy cases, from TWIST, and release their names and addresses to the research team. Due to the importance of the timely completion of the research, only surveys received on or before April 12, 2005, will be included in the data analysis.

Instrumentation

A survey designed by the research team will be used in order to meet the specific research needs of the DCBS adoption workers. The survey takes approximately 10 minutes to complete. Standardized instruments available do not address the combination of concerns that were identified by the research team.

The Adoption Subsidy Support Survey is displayed in appendix 2. Families who will participate currently have adopted children in their household. The purpose of this study is to

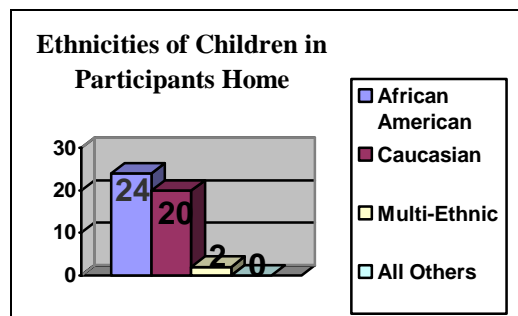
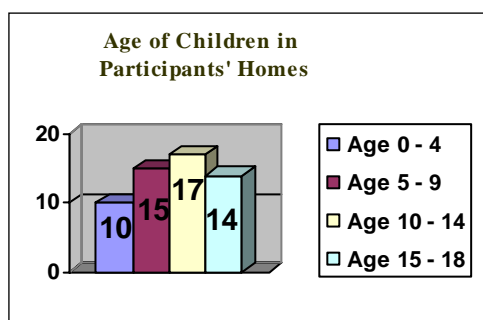
receive the most current information about difficulties that are occurring in the adoptive homes. It seeks a mixture of quantitative and qualitative data. Quantitative information will be used to assess the use of existing services. Eight quantitative questions were constructed for the survey. Questions one and two gather information about the characteristics of the adopted children residing in the participant's home. Data focusing on the knowledge of and utilization of existing services will be gathered in items three through seven and nine. The selections in question seven were modeled after a questionnaire designed by Soderlund et al. (1995).

One qualitative inquiry is included on question eight: "What services would be helpful to your family, but are not mentioned in the survey?" This is a catch-all question that ensures that no family needs are omitted from the survey. It is very important that the researchers obtain complete information about the families' needs. This will allow them to locate available services or advocate for the creation of services to assist families.

Study Results

A questionnaire was sent to 200 adoptive parents with open subsidy cases. The return deadline was, April 12, 2005. The total returned surveys rendered a sample size of 46 participants. In this section, there are four topics. The first topic, "Sample Characteristics", discusses the demographics of children within the participants' households. Next, "Quantitative Data" and "Qualitative Data" reveals the results of the survey. The last topic, "Research Difficulties", discusses problems that hindered the completion of the study.

Sample Characteristics



Parents were asked to provide the ethnicities of the adoptive children in their home. Two ethnicities were overrepresented. African American children reside in 24 of the surveyed households and Caucasian children reside in 20. Only two of the families have bi-racial children. Native American, Latin American, and other ethnicities were not represented in this survey. One participant chose not to disclose their child/children's ethnicity, therefore; it is unknown whether the children may belong to one of the unrepresented ethnicities.

Quantitative Data

Services Familiar With

Table 1

Variables	Services Known	Services Utilized
Counseling	33	27
Support Groups for Adoptive Parents	30	12
Educational/Training Programs	27	19
Help finding information on behavioral issues	18	17
Help finding information on medical issues	15	13
Child care assistance information	17	13
Support groups for adoptive parents	30	12
Mentoring with other adoptive parents	18	6
Help finding information for financial needs	12	6
Respite care	20	6
Advocacy assistance	13	3
Help finding statewide resources	7	3
Lending Libraries	6	2
Resource Referrals	10	2
College Tuition Waiver	16	2
Family Intervention Services	10	2

Participants were asked which services they were familiar with. The participants indicated that they knew that the following services were available by placing check marks by the familiar ones. The first column in Table 1 reports the outcomes of survey question 3. Out of a sample of 46, 33 of the parents said that they knew counseling was available for their children. Thirty of the participants were aware of adoptive parent support groups. Educational/Training programs were familiar to 27 of the parents. Twenty knew that respite care was

accessible. The survey revealed that 18 of the participants, had knowledge of available mentoring programs and help finding information on behavioral issues. Seventeen of the participants knew that child care assistance was available. Only 16 of the parents knew that their children could receive a college tuition waiver. Fifteen of the parents knew they could receive assistance in finding information for medical issues.

Advocacy assistance was recognizable to 13 of the participants. Twelve of the participants knew about available information for financial needs. Ten of the participants knew that family intervention services and resource referrals were available services. Assistance with finding statewide resources was recognized by seven of the participants and lending libraries were recognized by six.

Services Used

Question four sought to discover which services were utilized the most by the participants. The second column of Table 1 displays the outcomes of question 4. The most commonly used service was counseling (27 participants). Education/Training programs were used by 19 of the survey participants. Seventeen of the parents sought help finding information on behavioral issues. Information on medical issues and child care assistance was accessed by 13 of the participants. Thirteen of the parents used support groups for adoptive parents. Mentoring with adoptive parents, information for financial needs, and respite care were service used by six of the participants. Advocacy assistance and help finding statewide resources were utilized by three of the parents. Lending libraries, resource referrals, college tuition waiver, and family intervention services were only used by two participants. Perhaps the college tuition waiver scored low on utilization because the children in the sample may not have reached college age yet.

Service Providers Used

Service Providers Utilized	
DCBS Subsidy Worker	23
Seven Counties	23
KY Foster/Adoptive Parent Training Support Network	14
Neighborhood Place	10
Adoption Support for Kentucky (ASK)	5
Mentor Program	5
Family Resource and Youth Service Centers	3

Participants were asked which service providers they sought help from. Twenty-three of the parents had used both their DCBS subsidy worker and Seven Counties. Kentucky Foster/Adoptive Parent Training Support Network was used by 14 of the participants. The Neighborhood Place was the third most used service (10 participants). Both ASK and the Mentor Program were chosen by five of the parents. Family Resource and Youth Service Centers were utilized the least (three participants).

Know that DCBS subsidy worker could help access resources

The results from this question were very similar. Twenty-five of the participants knew that they could contact DCBS for assistance. Seventeen did not know.

Barriers to seeking services

Barriers to Seeking Services	
Not knowledgeable of available services	16
Inconvenient operational hours	6
Inconveniently located	5
Family's needs are not addressed by services	4
Transportation issues	3
Unskilled staff	2
Absence of bilingual staff	0

Several barriers to seeking services were revealed through the study. The most common issue perceived to be a barrier to service was not having knowledge of available services (16 parents). Participants listed six other barriers to seeking services: inconvenient operational hours (6 responses), inconveniently located (5 participants), needs not addressed by services (4 parents), transportation issues (3 parents), and unskilled staff (2 parents). The absence of

bilingual staff was not a barrier to receiving services. However; the children's ethnicities suggest that the sample may not include children who speak a language other than English.

Resource Suggestions

Most Helpful Resource Suggestions	
A handout covering special topics...	25
A handout including information about community resources.	22
Training sessions including information and links to special topics	22
A website including information and links to special topics.	21
A website covering common adoption issues and includes links to other sources.	19
Training sessions on common adoption issues.	16
A handout covering common adoption issues.	13

Most of the participants (25) agreed that they would use a handout covering special topics such as ongoing adolescent issues, attachment issues, disruption issues, behavioral and emotional issues etc... Both handouts including information about community resources and training sessions for special topics received 22 responses.

The website for special topics was popular with 21 of the participants. Nineteen of the participants liked the idea of creating a website for common adoption issues. The least, yet fairly popular resources among participants, were training sessions on common adoption issues (16 responses) and a handout covering common adoption issues (13 participants).

Service usage among participants who did not know that subsidy workers could help them access services.

A Chi-square test of independence was run to determine if participants were able to access services without DCBS assistance. The independent variable was set as subsidy6 which refers to the responses to question 6 (knowledge of subsidy workers ability). The dependant variables were each of the services listed in question 4 (use of services).

The Chi-square revealed that there was a significant difference, on four services, between the use of services by participants who knew the subsidy workers' ability and participants who did not know. These services are counseling ($X^2(1) = .01, p < .05$),

support groups for adoptive parents ($X^2(1) = .01$, $p < .05$), mentoring programs for adoptive parents ($X^2(1) = .034$, $p < .05$) and help finding information of behavioral issues ($X^2(1) = .058$, $p > .05$).

Eleven services did not show a significant difference. The services are educational/training programs, advocacy assistance, lending libraries, help finding statewide resources, resource referrals, help finding medical information, help finding financial assistance information, respite care, child care assistance, college tuition waiver, and family intervention services.

Qualitative Data

Question 8 – Services Needed But Not Mentioned in Survey (n=6)

Additional Insurance Information

Two participants voiced concern for their children's medical issues after they reach 18 years-old. Their state provided medical coverage ceases and private insurance is too expensive for students. One parent states:

“I believe that an adoptive child going to college should be able to be provided with continued medical insurance if they were already qualified prior to college. If the child has a medical problem until they are able to graduate from college there is no medical coverage from high school thru college. What do they do for doctor's appointments and high cost of prescriptions these four years?”

One parent felt that he/she did not receive adequate information about their child/children's state provided health insurance. This participant suggested that parents be given an outline of benefits, limitations, and patient rights.

Resource Improvements

Four participants expressed that several improvements were needed in community

resources. These suggestions include:

“Big Brother and Big Sister programs need something for ADHD children.”

“It would be so kind if adoptive children could be in the Big Brother/Big Sister program.”

“Support groups are needed on weekends.”

The fourth participant suggested that a service be created. They would like to access a “support group where all adoptive children could come together and share their concerns, feelings, and love for one another. A spring, fall, and winter enrichment conference would be helpful for adopted children.”

There were three concerns pertaining to respite care. First, a parent is unable to access a respite resource for his/her child with behavioral problems. The second participant simply said “a better respite program”. It is impossible to define what improvements are needed from this suggestion. A third parent asked for a printed list of respite families.

At least one participant is having difficulty finding a treatment program for their child. Another participant would like to have contact with their worker more than once a year. They also suggest sending out a schedule of events/training that would assist parents in helping their children.

Another issue of concern pertains to transportation assistance. The participant suggested that the Cabinet “go back to cab vouchers so foster parents can make appointment with regular cab drivers; that way you know the child will make all of their counseling appointments ... System now is very unreliable.”

One disabled adoptive parent asked for additional financial help. The child is a senior in high school and the parent is unable to purchase school supplies for him.

Another participant would like to have contact with their worker more than once a year. They also suggest sending out a schedule of event’s training that would assist parents in helping

their children.

Foster/Adoptive Parent Training Class Improvements

Another participant felt that the existing Foster/Adoption Training needed an improvement. He/she suggests: “In our parenting classes before adopting we had several adoptive parents as guest speakers. But, we never had a former adopted child to speak to us and tell us how he felt through the process of adjusting in a new home.”

Adoptive children have many unique characteristics and require special care. A participant asked for the creation of a special issue class that addresses attachment disorders.

Subsidy Updates

Two suggestions were made to update available financial subsidies. They state “Regular evaluation and adjustment of subsidies for children adopted some years ago. Some of the older subsidies are ridiculous.” The second participant stated “more financial assistance when older people adopt.”

Research Difficulties

In the beginning of the study, the plan was to mail out 300 questionnaires and wait for a return of 150. This would have provided a large sample and an increase in result validity. Unfortunately, time constraints required that a smaller sample be taken. The mailing was lessened to 200 questionnaires and a return due date of April 12, 2005. After the change the sample was reduced to 46 participants.

It took several attempts to receive approval, from the Commonwealth of Kentucky, to complete the study. The Internal Review Board has set strict guidelines on contacting adoptive parents due to confidentiality. After the finalization of adoption, birth information is placed in a closed file and the ombudsman (the state’s attorney) was unaware that adoptive parents had open subsidy cases with DCBS workers. Therefore, he denied the researcher access to their mailing

addresses. Originally the proposal read that surveys would be sent to “adoptive parents”. After several discussions about how to complete the survey without looking at adoption files, the researcher and ombudsman determined that the proposal could be changed to read that surveys would be sent to “adoptive parents with open subsidy cases.” This clarified the proposal’s language for legality purposes. After the change was made, the proposal was approved and subsidy workers were able to give the names and addresses of their clients. Having to submit the proposal to the ombudsman several times pushed back the return date for the survey several times. This may have limited the sample size, by providing the participants less time to respond.

Conclusions

There is a concern in DCBS Adoption Team One that pre-adoptive families, who do not use services, disrupt and the children return to non-permanent placements. This study was conducted to determine how many adoptive parents are knowledgeable about available services, actually use these services, which providers they use, if they use DCBS subsidy workers to access these services, and what types of resources they would be interested in receiving. There are three topics in this section. The “Discussion” topic explains how the results both support and disagree with the DCBS workers concerns. “Implications for Practice” offers suggestions on how the DCBS workers can apply the results to their service delivery. Finally, “Further Research” reveals other types of research that is suggested to improve the understanding of adoption disruptions.

Discussion

This study has determined that many adoptive parents are not aware of the variety of services available to them. Counseling, support groups for adoptive parents, and educational/training programs were the most recognizable services. Perhaps, these services are more widely publicized or are commonly known in the foster/adoptive care system.

Counseling and educational training programs, most often, are in place before the child is adopted. The child, if age appropriate, usually needs the assistance of a counselor when they are removed from their birth parents. The counseling sessions continue after adoption to assist the child in making new attachments to their new family. Adoptive parents are required to attend training before being approved for adoption. So, this service is also already in place. It is likely that participants may have indicated that they utilized this service because of the requirement. This may also account for the results for service utilization. Again, counseling and educational training programs were used the most.

Pre-existing service provision seems to be a running theme among the results. DCBS workers and Seven Counties Services were the most popular providers chosen. KY Foster/Adoptive Parent Training Support Network, Neighborhood Place, Adoption Support for Kentucky (ASK), Mentor Program, and Family Resource and Youth Service Centers are community services that tend to be contacted after adoption finalization. Perhaps, adoptive parents are not being informed of the existence of other services and providers. This would account for the lower scores of these services and providers. One participant used question eight (services needed but not mentioned in the survey) to voice this very concern. He/she states:

“We need something that lets adoptive parents know that once the adoption is final, the services don’t stop. I’ve been an adoptive parent for over 10 years. I started having problems with my child within the 10th year of adoption. I checked yes for question 6 [know that DCBS workers can help you access appropriate resource] because I know (now) that the resources are there, but I didn’t find out thru DCBS or the worker; a court official worker told me I could call my DCBS worker.”

Seventeen of the participants did not know that their subsidy workers could help them access services and several voiced their surprise at the workers’ abilities. However; when a

comparison was run on the difference of service use between those participants who knew and those who did not, a significant difference was only found in three out of fifteen services. The three services were counseling, support groups for adoptive parents, and mentoring programs for adoptive parents. The remaining twelve services were ranked the lowest on usage for all parents. Therefore, the parents who *did* know about their subsidy worker's abilities did not use the other services either. However, participants revealed, on question seven, that the largest barrier to seeking services was not being knowledgeable about available services. When comparing this result to question three answers (knowledge of services), it seems that the participants may have known about seeking help through subsidy worker yet, did not know about the specific services that the workers had access to.

Participants were then allowed to discuss their families' personal needs that were not being met. Four needs were derived from their responses. The needs are: additional insurance information, resource improvements, foster/adoptive parent training class improvements, subsidy updates, more contact with DCBS subsidy worker, and transportation assistance.

The DCBS adoption staff made several suggestions to make printed resources available. The participants were asked which resources they would prefer and the results were close to equal for each resource. There was only a twelve participant difference between the most and least popular resource suggestion. The "implications for Practice" section will discuss these resources in more detail.

Implications for Practice

From these results, several suggestions for service delivery improvement can be made. First, it was determined that almost half of the participants were not aware of the subsidy worker's ability. In order to address this matter both the child's original DCBS adoption worker and subsidy worker should take action. The adoption worker should ensure that they carefully

explain the subsidy worker's role after finalization has occurred. The adoption worker should discuss and provide a list of services that are available through contact with their subsidy workers. The subsidy worker can then take an active approach by contacting the new adoptive parents by telephone and introducing themselves. Again, the role of the subsidy worker should be emphasized. By "advertising" the subsidy workers more effectively, the adoptive families may feel more comfortable talking to the workers, less ambivalent to seeking help with their needs, and more knowledgeable of their service possibilities.

Second, all of the resource suggestions made by DCBS staff would be welcomed by the participants. Therefore, handouts, trainings, and a website should be designed to address both typical adoption issues and special issues. In fact, one participant used question eight to offer a suggestion for these resources. He/she requests a "website or handout for inter-racial adoption where parents could share and also answer questions of interested prospective adoptive parents."

Finally, intervention on a larger scale is needed. Many of the families needs must be addressed on a state level. These needs were revealed through the written answers to question eight. State social workers should advocate to have these needs met.

Further Research

This subject needs additional research due to the small size of the sample in this study. A larger sample may clarify and provide more detail to families' needs. This study was also concentrated to Jefferson County, Kentucky. Therefore, the services many be specific to this area. Other counties and states are encouraged to continue similar research in their areas.

References:

- Foli, K., & Thompson, J.R. (2004). *The post-adoption blues*. New York City, NY: Rodale Inc.
- Freundlich, M., & Wright, L. (2003). *Post-permanency services*. Washington, DC: Casey Family Programs. Downloaded October 14, 2004 from <http://www.casey.org/Resources/Publications/PostPermanency.htm>
- Kentucky Cabinet for Health and Family Services (2004), Definitions. Retrieved October 28, 2004 from: http://cfc.ky.gov/dcbs_manuals/DPP/Definitions/Definitions.doc.
- Kramer, L., & Houston, D. (1998). Supporting families as they adopt children with special needs. *Family Relations*, 47(4), 423-432.
- Kramer, L., & Houston, D. (1999). Hope for the children: A community-based approach to supporting families who adopt children with special needs. *Child Welfare*, 78(5), 611-635.
- Marlow, C.R., & Boone, S. (2005). *Research methods for generalist social work*. Belmont, CA: Brooks/Cole
- McDonald, T.P., Propp, J.R., & Murphy, K.C. (2001). The post adoption experience: Child, parent, and family predictors of family adjustment to adoption. *Child Welfare*, 80(1), 71-94.
- Mullin, E.S., & Johnson, L. (1999). The role of birth/previously adopted children in families choosing to adopt children with special needs. *Child Welfare*, 78(5), 579- 591.
- Soderlund, J., Epstein, M.H., Quinn, K.P., Cumblad, C., & Petersen, S. (1995). Parental perspectives on comprehensive services for children and youth with emotional and behavioral disorders. *Behavioral Disorders*, 20(3), 157-170.
- United States Department of Health and Human Services (1997). Adoption tax credit and MEPA provisions in HR3448. Retrieved January 25, 2005 from: <http://www.hhs.gov/ocr/sec1808.htm>
- Zastrow, C., & Kirst-Ashman, K.K. (2001). *Understanding human behavior and the social environment*. Belmont: Wadsworth/Thomson Learning.

Appendix 1

Department of Health and Family Services
Department of Community Based Services
Adoptions
908 W. Broadway, 10W
Louisville, KY 40203

March 14, 2005

We are conducting a survey concerning the needs of adoptive families who have been referred to a adoption subsidy worker. You have been selected from a database of families who have utilized the adoption subsidy services of DCBS. Your responses will assist the adoption teams and subsidy workers to improve service delivery. The goals are to identify the needs of adoptive families, assess the use of current services, and gain information about barriers to obtaining services.

We would greatly appreciate your participation in the survey. Your opinions are very important to us. It will only take ten minutes to complete. Please return it in the postage paid envelope provided by, April 12, 2005.

Your participation is entirely voluntary and anonymous. Your refusal to participate will not in any way compromise your position with the Cabinet of Health and Family Services or any services to which you are entitled. Please **do not** put your name on the survey. We want to protect your identity. All collected data will be stored confidentially. Your willingness to participate is indicated by the return of the survey.

If you have any questions about this study, please contact me at JillS.Morris@ky.gov or (502)595-5217.

Thank you.

Jill S. Morris, DCBS Social Work intern
Department of Community Based Services

Email: JillS.Morris@ky.gov
Phone: (502) 595-5217

Appendix 2Adoption Subsidy Support Survey

The following survey seeks information regarding services that you have knowledge of and have used. The information will be used to better provide services to current and future adoptive parents. Please remember to mail the survey so that it will be received on or before, **April 12, 2005** using the pre-addressed, postage paid envelope provided. Thank you for participating.

Please circle one of the following. Information will be used to understand the characteristics of the survey population.

1. Please circle the age ranges that describe the adoptive children in your home. (You may circle more than one.)

0-4 5-9 10-14 15-18

2. Please check (✓) the ethnicity/ethnicities of your adopted children.

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Latin American
<input type="checkbox"/> Native American	<input type="checkbox"/> Multi-Ethnic
<input type="checkbox"/> Asian American	<input type="checkbox"/> Other ethnicities whom are not mentioned
<input type="checkbox"/> African American	

Please read each question carefully and check (✓) your answers.

3. Of the following services, which ones are you familiar with? (You may check more than one and any that were obtained from sources outside of DCBS.)

<input type="checkbox"/> Counseling	<input type="checkbox"/> Resource referrals
<input type="checkbox"/> Support groups for adoptive parents	<input type="checkbox"/> Help finding information on medical issues
<input type="checkbox"/> Mentoring with other adoptive parents	<input type="checkbox"/> Help finding information on behavioral issues
<input type="checkbox"/> Educational/training programs	<input type="checkbox"/> Help finding information for financial needs
<input type="checkbox"/> Advocacy assistance (workers Attend school meetings, medical consultations, social club meetings, or other situations in behalf of children's needs)	<input type="checkbox"/> Respite care
<input type="checkbox"/> Lending libraries	<input type="checkbox"/> Child care assistance information
<input type="checkbox"/> Help finding statewide resources	<input type="checkbox"/> College tuition waiver
<input type="checkbox"/> Other (please print a description) _____	<input type="checkbox"/> Family intervention services

4. Of the following services, which ones have you used? (You may check more than one and list any that you obtained from referrals outside of DCBS.)

- | | |
|---|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Help finding information on medical issues |
| <input type="checkbox"/> Support groups for adoptive parents | <input type="checkbox"/> Help finding information on behavioral issues |
| <input type="checkbox"/> Mentoring with other adoptive parents | <input type="checkbox"/> Help finding information for financial needs |
| <input type="checkbox"/> Educational/training programs | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Advocacy assistance (workers attend school meetings, medical consultations, social club meetings, or other consultations to represent child's needs) | <input type="checkbox"/> Child care assistance information |
| <input type="checkbox"/> Lending libraries | <input type="checkbox"/> College tuition waiver |
| <input type="checkbox"/> Help finding statewide resources | <input type="checkbox"/> Family intervention services |
| <input type="checkbox"/> Resource referrals | <input type="checkbox"/> Other (please print a description) |
| | _____ |
| | _____ |

5. Which service providers have you utilized? (check ✓ one or more)

- ☐ Adoption Support for Kentucky (ASK)
- ☐ Mentor Program
- ☐ Kentucky Foster and Adoptive Parent Training Support Network
- ☐ Seven Counties Counseling Centers
- ☐ Family Resource and Youth Services Centers (FRYSC)
- ☐ Department of Community Based Services (DCBS) subsidy worker
- ☐ Neighborhood Place
- ☐ Other (please print a description) _____

6. Did you know that the DCBS subsidy workers can help you access appropriate resources?

Yes or No (circle one)

7. *Out of the following list, what do you see as barriers to seeking services through DCBS?*

- ___ Inconveniently located
 - ___ Not knowledgeable about available services
 - ___ Inconvenient operational hours
 - ___ Family's needs are not addressed by services
 - ___ Unskilled staff
 - ___ Transportation issues
 - ___ Absence of bilingual staff
 - ___ Other (please print a description)_____
-

Please print your answers to the following question.

8. *What services would be helpful to your family, but are not mentioned in the survey? If you need more space you may use the back of the survey.*

9. *If the following resources were made available, which ones are you likely to use. (You may check more than one.)*

- ___ A handout covering common adoption issues.
- ___ A handout including information about community resources.
- ___ A handout covering special topics such as ongoing adolescent issues, attachment

issues, disruption issues, behavioral and emotional issues etc...

___ A website covering common adoption issues and includes links to other sources.

___ A website including information and links to special topics such as ongoing adolescent issues, attachment issues, disruption issues, behavioral and emotional issues etc...

___ Training sessions on common adoption issues.

___ Training sessions including information and links to special topics such as ongoing adolescent issues, attachment issues, disruption issues, behavioral and emotional issues etc...

Thank you for your participation. Your information will be an asset to current and future adoptive parents and their children. It will be used to better their experiences when accessing services. Please remember to mail the survey so that is received on or before, **April 12, 2005** using the pre-addressed, postage paid envelope provided.

